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ABSTRACT

In a time of financial retrenchment, staff development involving factors external to the college (consultants, travel, workshops) must be reduced, yet staff development has been identified as the challenge to be met during the current decade. For the past year, Hagerstown Junior College (Maryland) has been operating an Instructional Clinic (IC) designed to be congruent with the needs of faculty and staff and drawing upon resources which already exist within the college. The IC is systematic and outcome oriented. It begins by analyzing concerns expressed by members of the college community. Assistance in meeting the concerns is drawn from the expertise possessed by other members of the community. In 1975-76, the IC met 14 times and approximately one-half of the staff attended at least one clinic. Nine issues were analyzed and consensus mandated continuing the process in 1976-77. Among the results produced by the IC in its first year were: development of a readability index for application to all text materials, design of an item analysis model to assess test validity, development of computerized reliability testing, development of audio-tutorial modules explaining term paper preparation, and development of a video-tape instructional evaluation model. The IC is capable of resolving problems inherent in externally based staff development. (Author/JDS)

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THE INSTRUCTIONAL CLINIC: STAFF DEVELOPMENT IN ACTION

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Staff Development in Perspective

Staff Development has become the cliche of the 1970's. In 1971, the President's Advisory Council for Education Professions Development undertook a survey of the personnel needs of the two-year college. The project report, Teachers for Tomorrow,[1] identified staff development as the challenge to be met during the current decade. In the past five years, literally millions of words have been written endeavoring to explain what staff development is and how it works. What, precisely, is the status of staff development today?

Four hundred and seventy years ago, Machiavelli, in The Prince, said: "... it ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than ... the introduction of a new order of things."[2] His insight summarizes the status of staff development in 1976. The idea is so new and unrefined that the variety of activities conceived in its name is bewildering. A review of current literature[3] indicates that many colleges interpret staff development to be activity which occurs only during interruptions of institutional routine. Special consultants often are engaged to provide new information or insights. This author described such a program in mid-1974.[4] However, there are several problems inherent in such an interpretation.

In the order of their emergence, the problems inherent in externally based staff development are: cost, acceptance, and integration.

The 1970's are a time of financial retrenchment. When college budgets are reduced, funding for consultants, workshops, and travel is usually the first to be cut. Staff development involving factors external to the college is reduced accordingly. Second, special activities involving "experts" who are not members of the college community imply inefficiency on the part of the community members. The result of such an implication is skeptical reaction

by the participants. Finally, even if the activities are well received, the presentation of new ideas or behaviors is only a starting point. Unless the information presented becomes part of ongoing institutional practice, it remains unrealized potential. In essence, current staff development trends seem to suffer from a lack of congruence with the realities of the two-year college of the 1970's.

The preceding analysis is not intended to deny the value of externally based staff development. Rather, it serves as an introduction to a model designed to strengthen its weaknesses and realize its potential. For the past year, Hagerstown Junior College, Hagerstown, Maryland, has been developing an Instructional Clinic. The clinic has proven to be the missing ingredient in the college's staff development program. It is revealing to examine how the process operates.

The Instructional Clinic: Rationale

For staff development to work, two conditions are required. First, the staff of the college must recognize that there are problems requiring development. Today, most college communities are aware of the everpresent existence of change and are willing, under appropriate conditions, to support and participate in a program of development designed to meet the challenges posed by change.[5] Hagerstown, for example, responded to change with five years of externally based staff development.

The second, and more important, condition required for staff development to work is for the program to be congruent with the needs of faculty and staff. A development program must foster an institutional climate where staff members may work toward realizing both personal and professional goals. Cohen has summarized his research into work satisfaction by saying: "... administrative

attempts to influence instructor behavior have little effect unless combined with institutional support for faculty endeavors. ... It is most important to understand what faculty themselves feel they are producing. Only this factor can be appropriately linked to the instructors' satisfaction ... ."[6] Does the Instructional Clinic meet the problems of shrinking resources, acceptance by the college community, integration into institutional procedures, and congruence with staff needs?

The Instructional Clinic uses a development process which draws upon resources which already exist within the college. The procedure is systematic and outcome oriented. It begins by analyzing the concerns presented by the members of the college community. Assistance in meeting the concerns is drawn from the expertise possessed by other members of the community. Obviously, the cost involved is minimal. Because it is colleague working with colleague, extra remuneration is not at issue. Also, acceptance is intrinsic. Members of the college community raise the concerns, their colleagues work to resolve them. No suggestion of inefficiency is made, no offense taken. The process is pragmatic - solutions are adopted because they emanate from the environment and they work. From their gestation, the strategies are part of the institutional fabric. Finally, much of the debate surrounding the ideal source of a staff development program is artificial. The needs of the members of the college community are the only source if the program is to be accepted. In essence, the Instructional Clinic is capable of resolving the problems inherent in externally based staff development.

The foregoing model might be perceived as sound in theory but impractical to implement. Hagerstown Junior College has had a functioning Instructional Clinic for the past year. The following assessment of its structure and

outcomes should allay concerns regarding its utility.

The Instructional Clinic - Design and Results

The Instructional Clinic began as a facet of externally based staff development. Hagerstown Junior College and Lord Fairfax Community College, Middletown, Virginia, agreed to conduct a two year inter-visitation program designed to foster idea exchange. In May, 1975, members of the Hagerstown staff observed the Lord Fairfax clinic in action. In August, 1975, Dr. Hal McMullen, Dean of Instruction at Lord Fairfax, directed a workshop at Hagerstown which introduced the topic. Participants in the workshop decided to implement the clinic idea.

The essence of the Instructional Clinic is simplicity. All members of the college staff were notified that a needs assessment meeting was planned. The session was held as part of the college's fall workshop with attendance voluntary. The first meeting was attended by one third of the members of the college staff, including representatives of the Office of Instructional Affairs, Office of Student Affairs, Audio-Visual Services, Computer Center, and five of the college's six instructional divisions. A consensus technique was used to gather and prioritize concerns. Finally, the mechanics of the clinic were outlined.

The process concentrates on results. Concerns were analyzed according to their prevalence among those in attendance. A faculty member volunteered to coordinate the analysis of each concern. The college administration accepted responsibility for communicating the time and place of each session as well as providing whatever consumables were required. The sessions were scheduled twice per month. Their location varied depending upon which faculty person coordinated. The clinic spent little time on elaborate organization and

concentrated, instead, on meeting the expressed concerns of those involved.

During the academic year 1975-76 the Instructional Clinic met fourteen times. Attendance averaged twenty persons. Approximately one-half of the college staff attended at least one clinic. Nine issues were analyzed during the year with the January workshop meeting serving as a mid-year assessment of the progress of the clinic. Finally, the May workshop meeting was a general review of the clinic. Consensus mandated continuing the process during 1976-77 so a list of concerns for the new year was prepared. Procedurally, the clinic was problem-free and is now an ongoing component of staff development at Hagerstown Junior College.

The most significant aspect of the clinic was what it produced. The first concern analyzed was the lack of reading skills on the part of the college's students. Several faculty discussed strategies for coping with reading deficiencies. The college's reading specialist agreed to prepare a readability index which could be applied to all text materials. The model is now available. All faculty may determine the level of difficulty of current or proposed course materials. Within the next year, the model will be computerized to increase accuracy and speed of processing.

The second concern analyzed was testing. Items discussed were how reliable and how valid are the tests being used. A member of the college's mathematics division designed an item analysis model so that faculty could assess the validity of their testing. Further, the chairperson of the college's science division, in cooperation with a member of the engineering division and the director of the computer center, put a reliability equation on the college computer. The K-R 20 formula is now available to all faculty desiring to assess the reliability of their testing. Finally, during the summer of 1976,

a series of statistical models including the Chi-Square test and the Pearson Product-Moment correlation equation will be computerized to assist faculty in evaluating the outcomes of their teaching.

The third issue analyzed was the unevenness of research skills on the part of the college's students. Several clinic sessions evaluated techniques of library research and preparation of the term paper. Consensus called for the development of audio-tutorial modules explaining the use of professional literature and preparation of the term paper. The term paper module has been completed. The professional literature module is a faculty summer project and will be ready for use in the fall of 1976.

Mediated instruction was a concern discussed during several clinics and a number of strategies were advanced.

The most exciting outcome, however, concerned instructional evaluation. One faculty member displayed a video-tape of a student evaluation. Another faculty person questioned whether the same technique could not be used to assess teaching effectiveness. The college's coordinator of A-V Services described a model designed to achieve the desired end. The faculty member used the model and reported the results in a later clinic. Several faculty were interested and requested that they be taped. The word has spread and the model is becoming quite popular.

Several other discussion items could have been included. The point, however, has been made. It is conceivable that all of these concerns could have been components of an external staff development program. Cost and time would make the undertaking monumental. The Instructional Clinic, however, met the immediate concerns of the staff, at minimal cost, with the results becoming an integral part of the college. Furthermore, other staff may use the models and

discuss their impact with those who designed them. Herein lies the true value of the Instructional Clinic.

The Instructional Clinic: Evaluation and Future Directions

This author, in an analysis of Hagerstown's externally based staff development program, presented a tri-partite theory of evaluation. It consists of formative, summative, and personnel evaluation.[7] In the case of the Instructional Clinic, only the first component is relevant. Formative evaluation may be described as the appraisal of material or procedures during their gestation. The clinic is in the development stage. It is germane to assess what has occurred and what might evolve.

Formative evalution asks three questions regarding the process being examined.[8] First, what results were accomplished? In short, the Instructional Clinic produced two results. It brought members of the college community together as a development team. Also, it produced substantive solutions to institutional concerns. Second, how effective were the results? Effectiveness needs to be examined from two perspectives. First, the products of the clinic work; they meet the needs of the individuals who initially raised the concerns. Second, and more important, the development team has demonstrated that it is competent to solve problems that arise. Finally, what modifications are indicated that would increase the effectiveness of the process? Several changes are planned for next year. Communication regarding the clinic will be formalized. A brochure describing the process and including the first semester's topics will be printed with all college staff receiving a copy. The clinic sessions will be video-taped to increase participation. The tapes will allow those who cannot attend to review the process as well as the product. The final modification is crucial. A committee will be appointed to integrate the

externally based staff development program and the clinic. If the integration is successful, the college will have an ideal blend of topical and problem oriented staff development. Next year, a summative evaluation will be conducted to ascertain the viability of the integration.

In conclusion, Dr. Norbert Ralph has provided an assessment of development which summarizes Hagerstown's formative evaluation. He said: "Development means dealing with experience in increasingly sophisticated and complex ways and being able to integrate this complexity into stable structures."[9] Externally based staff development is a beginning strategy for coping with change. It indicates a concern for development but also a need for assistance and direction from outside the college community. The Instructional Clinic demonstrates increasing sophistication by maintaining the concern for coping with change but keeping responsibility for content and direction within the college community. The formative evaluation reveals a development team solving complex problems and integrating the results into ongoing institutional structures. Assessment of the clinic indicates that it has succeeded far beyond initial expectations.

In essence, external staff development and the Instructional Clinic both are designed to insure that the two-year college continues to fulfill its mission. As Cohen so cogently points out: "The role of the community college in [development] is to put faculty and staff in a position where they don't feel threatened, to help make them satisfied with their jobs. In such an environment a sense of responsibility to the students, to the profession, and to themselves will flourish."[10] No more needs to be said.

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